PERMISSION TO ENROLL

ACADEMIC YEAR: _____

I hereby certify that the list of students are of sophomore, junior or senior status at _____High School and are recommended for enrollment in college courses as authorized by the Kansas Challenge to Secondary School Students Act and the Dual Credit Enrollment Cooperative Agreement between USD #_____ and Neosho County Community College.

I further attest that these students have an individualized plan of study or an individualized educational program.

_____

High School Principal, Signature

_____

Date

Students:
(list names here or attach a document)